

3891

## CERTIFICATE OF DEATH

REGISTRAR'S NO.

1812

BIRTH NO.

1. PLACE OF DEATH A. COUNTY <b>Maricopa</b>	B. LENGTH OF STAY IN THIS TOWN 20 yrs IN ARIZONA 20 yrs		2. USUAL RESIDENCE A. STATE <b>Arizona</b>		(WHERE DECEASED LIVED IF INSTITUTION: RESIDENCE BEFORE ADMISSION) B. COUNTY <b>Maricopa</b>	
	C. CITY OR TOWN <b>Phoenix</b>		C. CITY OR TOWN <b>Phoenix</b>		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <b>5255 W. 43rd. Ave</b>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <b>Maricopa County General Hospital</b>		E. IS RESIDENCE ON A FARM? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>CORA</b> B. (MIDDLE) <b>B.</b> C. (LAST) <b>DOUGHERTY</b>			4. SEX <b>Female</b>	5. COLOR OR RACE <b>White</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>widowed</b>	
6B. NAME OF SPOUSE <b>widowed</b>			7. DATE OF BIRTH MONTH DAY YEAR <b>Feb/ 25 1882</b>	8. AGE (IN YEARS LAST BIRTHDAY) <b>79</b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>none</b>	
9B. KIND OF BUSINESS OR INDUSTRY <b>none</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Kentucky</b>	11. CITIZEN OF WHAT COUNTRY? <b>USA</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>no</b>	13. SOCIAL SECURITY NO. <b>unk.</b>	
14A. FATHER'S NAME <b>William Bravin</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Kentucky</b>	15A. MOTHER'S MAIDEN NAME <b>Anna Mary Callen</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Kentucky</b>	
16. INFORMANT'S SIGNATURE <b>Mrs. Oliver R. Wells, 2746 W. Pala Verde, Phx.</b>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>MAY 16th 1960</b>			
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).  THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.  PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <i>Myocardial infarction</i> DUE TO (B) <i>hypertension</i> DUE TO (C) <i>atherosclerosis</i>  II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <i>chronic kidney disease</i>				INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>March 9th</u> <u>1960</u> TO <u>May 16th</u> <u>1960</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>May 16th</u> <u>1960</u> AND THAT DEATH OCCURRED AT <u>12:40 A.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
22A. SIGNATURE <i>Edmund Butler</i>		(DEGREE OR TITLE)		22B. ADDRESS <b>3435 W. Durango, Phoenix, Ariz.</b>	22C. DATE SIGNED <b>5-17-60</b>	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)		
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>M</b>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?		
24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <b>5/17/60</b>		25C. NAME OF CEMETERY OR CREMATORY		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Butler, Kentucky</b>
26A. DATE REC. BY LOCAL REG. <b>5/18/60</b>		26B. REGISTRAR'S SIGNATURE <i>Maria Fernandez</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>H. Lee Moller Jr.</i>		27B. ADDRESS <b>333 N. Adams</b>
28A. EMBALMER'S SIGNATURE <i>Paul F. Rowe</i>		28B. EMBALMER'S CERT. NO. <b>326</b>				